FOR TAX YEAR 2020

LINDA D NELSON

TaxPros

P O BOX 3347

LEESBURG, VA 20177

(703)771-1046

TaxPros

P O BOX 3347
LEESBURG, VA 20177
bjordan@taxpros-llc.com
Phone: (703)771-1046 | Fax: (703)373-2729

April 21, 2021

Linda D Nelson
104 Windmill Lane
Chambersburg, PA 17201

Linda D Nelson:

Enclosed is your 2020 Form 1040, U.S. Individual Income Tax Return, prepared from the information provided. Your return will be e-filed with the IRS once we receive your signed Form 8879, IRS e-file Signature Authorization.

You are applying $1,379 of your $1,379 overpayment to your 2021 federal estimated taxes.

Your federal return reflects neither a refund nor a balance due.

Federal estimated tax payment vouchers have been prepared for the 2021 tax year.

One or more payments will be withdrawn from your Fm Trust checking account ending in **2753; see the estimate details provided in this letter. Payments will be withdrawn on the dates indicated on the corresponding vouchers.

Your payment options are as follows:

1. Checking or savings account, at no extra cost to you: IRS.gov/Payments
2. Credit or debit card, for a fee: 1040paytax.com
3. Mail-in vouchers with check or money order: Submit each payment separately along with the corresponding voucher to the following address:

Internal Revenue Service
P.O. Box 931100
Louisville, KY 40293-1100

Make each check or money order payable to "United States Treasury." Write your Social Security Number and "2021 Form 1040ES" on the front of each payment and mail the payment on or before each due date.

Your federal estimate details by quarter are as follows:

1st Quarter : $1,379 - $1,379 (overpayment applied) = $0 due on April 15, 2021
2nd Quarter : $2,621 due and direct debited on June 15, 2021
3rd Quarter : $2,000 due and direct debited on September 15, 2021
4th Quarter : $2,000 due and direct debited on January 18, 2022

Enclosed is your 2020 Pennsylvania Income Tax return, prepared from the information provided. Your return will be e-filed with the Pennsylvania taxing authority.

Your Pennsylvania Income Tax return reflects a refund of $2,832.

An amount of $2,832 will be deposited into your Fm Trust checking account ending in **2753.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (703)771-1046.

Sincerely,

G William Jordan
TaxPros

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name
LINDA D NELSON

Taxpayer address (optional)
104 WINDMILL LANE
CHAMBERSBURG, PA 17201

1. ☐ Your federal income tax return for **2020** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **TaxPros** .

2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____ .

3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. ☐ Your electronic funds withdrawal payment request was accepted for processing.

5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.

6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____ . The Submission ID assigned to your extension is _____ .

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay*.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

LINDA D NELSON

Form **1040** Department of the Treasury-Internal Revenue Service (99) **U.S. Individual Income Tax Return** | **2020** | OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box. [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ►

Your first name and middle initial	Last name	Your social security number
LINDA D	NELSON	XXX-XX-XXXX
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no.

104 WINDMILL LANE

City, town, or post office. If you have a foreign address, also complete spaces below. | State | ZIP code

CHAMBERSBURG | PA | 17201

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction **Someone can claim:** [ ] You as a dependent [ ] Your spouse as a dependent

[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** [X] Were born before January 2, 1956 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1956 [ ] Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ► [ ]

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2					1	
2a	Tax-exempt interest	2a	4,548	b	Taxable interest	2b	11,865
3a	Qualified dividends	3a	20,784	b	Ordinary dividends QCD	3b	21,058
4a	IRA distributions	4a	81,643	b	Taxable amount	4b	60,858
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a	30,667	b	Taxable amount	6b	26,067
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► [ ]					7	(3,000)
8	Other income from Schedule 1, line 9					8	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ►					9	116,848
10	Adjustments to income:						
a	From Schedule 1, line 22	10a					
b	Charitable contributions if you take the standard deduction. See instructions	10b					
c	Add lines 10a and 10b. These are your **total adjustments to income** ►					10c	0
11	Subtract line 10c from line 9. This is your **adjusted gross income** ►					11	116,848
12	**Standard deduction or itemized deductions** (from Schedule A)					12	14,050
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A					13	49
14	Add lines 12 and 13					14	14,099
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-					15	102,749

Standard Deduction for-
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction,* see instructions.

16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ _____			16	16,943
17	Amount from Schedule 2, line 3			17	
18	Add lines 16 and 17			18	16,943
19	Child tax credit or credit for other dependents			19	
20	Amount from Schedule 3, line 7			20	194
21	Add lines 19 and 20			21	194
22	Subtract line 21 from line 18. If zero or less, enter -0-			22	16,749
23	Other taxes, including self-employment tax, from Schedule 2, line 10			23	
24	Add lines 22 and 23. This is your **total tax** ►			24	16,749
25	Federal income tax withheld from:				
a	Form(s) W-2	25a			
b	Form(s) 1099	25b	9,128		
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	9,128
26	2020 estimated tax payments and amount applied from 2019 return			26	9,000
27	Earned income credit (EIC)	27			
28	Additional child tax credit. Attach Schedule 8812	28			
29	American opportunity credit from Form 8863, line 8	29			
30	Recovery rebate credit. See instructions	30	0		
31	Amount from Schedule 3, line 13	31			
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ►			32	0
33	Add lines 25d, 26, and 32. These are your **total payments** ►			33	18,128
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**			34	1,379
35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ► ☐			35a	0
►b	Routing number ► c Type: ☐ Checking ☐ Savings				
►d	Account number				
36	Amount of line 34 you want **applied to your 2021 estimated tax** ►	36	1,379		
37	Subtract line 33 from line 24. This is the **amount you owe now** ►			37	0
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.				
38	Estimated tax penalty (see instructions) ►	38			

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

Refund

Direct deposit? See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ► ☒ **Yes.** Complete below. ☐ **No**

Designee's name ► G WILLIAM JORDAN Phone no. ► 703-771-1046 Personal identification number (PIN) ► 10159

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ►
05624	05-17-2021	RETIRED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ►
Phone no. 703-777-7307	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature G WILLIAM JORDAN	Date	PTIN XXXXXXXXX	Check if: ☐ Self-employed
Preparer's name G WILLIAM JORDAN	Phone no. 703-771-1046		
Firm's name ► TaxPros			
Firm's address ► P O BOX 3347 LEESBURG, VA 20177		Firm's EIN ► 27-3919779	

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

2020

Attachment Sequence No. **03**

Name(s) shown on Form 1040,1040-SR, or 1040-NR
LINDA D NELSON

Your social security number
XXX-XX-XXXX

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	**1**	**194**
2	Credit for child and dependent care expenses. Attach Form 2441	**2**	
3	Education credits from Form 8863, line 19	**3**	
4	Retirement savings contributions credit. Attach Form 8880	**4**	
5	Residential energy credits. Attach Form 5695	**5**	
6	Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐ _____	**6**	
7	Add lines 1 through 6. Enter here and on Form 1040,1040-SR, or 1040-NR, line 20	**7**	**194**

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962			**8**	
9	Amount paid with request for extension to file (see instructions)			**9**	
10	Excess social security and tier 1 RRTA tax withheld			**10**	
11	Credit for federal tax on fuels. Attach Form 4136			**11**	
12	Other payments or refundable credits:				
a	Form 2439	**12a**			
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	**12b**			
c	Health coverage tax credit from Form 8885	**12c**			
d	Other: _____	**12d**			
e	Deferral for certain Schedule H or SE filers (see instructions)	**12e**			
f	Add lines 12a through 12e			**12f**	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			**13**	**0**

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Go to *www.irs.gov/ScheduleA* for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2020

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

LINDA D NELSON

Your social security number

XXX-XX-XXXX

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	1,735	
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	116,848	
	3	Multiply line 2 by 7.5% (0.075)	3	8,764	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4 0
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ► ☐	5a	4,270	
	b	State and local real estate taxes (see instructions)	5b		
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	4,270	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	4,270	
	6	Other taxes. List type and amount ►	6		
	7	Add lines 5e and 6			7 4,270
Interest You Paid **Caution:** Your mortgage interest deduction may be limited (see instructions).	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ► ☐			
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a		
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Mortgage insurance premiums (see instructions)	8d		
	e	Add lines 8a through 8d	8e		
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9			10
Gifts to Charity **Caution:** If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11		
	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13			14
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15
Other Itemized Deductions	16	Other - from list in instructions. List type and amount ►			16
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12			17 4,270
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ► ☐			

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► **Go to *www.irs.gov/ScheduleB* for instructions and the latest information.**
► **Attach to Form 1040 or 1040-SR.**

OMB No. 1545-0074

2020

Attachment Sequence No. **08**

Name(s) shown on return

LINDA D NELSON

Your social security number

XXX-XX-XXXX

Part I Interest

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►		
	CHARLES SCHWAB ACCT ***1055		**11,865**
	INTEREST SUBTOTAL 11,865	1	
2	Add the amounts on line 1	2	**11,865**
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ►	4	**11,865**

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ►		
	CHARLES SCHWAB & CO INC ASWCCT ***1055		**21,058**
	DIVIDEND SUBTOTAL 21,058	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ►	6	**21,058**

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►		
8	During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to *www.irs.gov/ScheduleD* for instructions and the latest information.**
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2020

Attachment Sequence No. **12**

Name(s) shown on return

LINDA D NELSON

Your social security number

XXX-XX-XXXX

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked	**25,362**	**24,847**	**42**	**557**
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	**7**	**557**

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked	**90,084**	**115,793**	**283**	**(25,426)**
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13 Capital gain distributions. See the instructions	**13**	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then go to Part III on page 2	**15**	**(25,426)**

Part III Summary

16 Combine lines 7 and 15 and enter the result . . . . . **16** **(24,869)**

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040,1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040,1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ► **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ► **19**

20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line7, the **smaller** of:

- The loss on line 16; or
- ($3,000), or if married filing separately, ($1,500)

► **21** (**3,000**)

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, 1040-NR, line 3a?

☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16.

☐ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► **Go to *www.irs.gov/Form8949* for instructions and the latest information.**

► **File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

OMB No. 1545-0074

2020

Attachment Sequence No. **12A**

Name(s) shown on return

LINDA D NELSON

Social security number or taxpayer identification number

XXX-XX-XXXX

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
25000 UNITED TECH 1.95% CALLED	07-12-2019	03-04-2020	25,362	24,847	W	42	557
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ►			25,362	24,847		42	557

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side | **Social security number or taxpayer identification number**

LINDA D NELSON | **XXX-XX-XXXX**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
10000 ATT 2.45%	VARIOUS	05-30-2020	10,000	9,922	D	63	141
620 BORG WARNER	VARIOUS	04-24-2020	16,736	27,175			(10,439)
100 CINEMARK HOLDINGS	VARIOUS	04-24-2020	1,248	3,703			(2,455)
5000 DOW CHEM 3.5% CALLED	VARIOUS	03-16-2020	5,000	5,036			(36)
16000 LK MTN 2.5XXX	VARIOUS	06-16-2020	16,123	15,824	D	142	441
9000 LK MTN 2.5XXX	12-27-2018	10-23-2020	9,000	8,919	D	78	159
25000 U HLTH 1.95XXX	07-12-2019	10-15-2020	25,000	24,944			56
450 VIAC	VARIOUS	04-24-2020	6,977	20,270			(13,293)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ►			90,084	115,793		283	(25,426)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Form PMT — ACH Payment — 2020

(Keep for your records)

Name(s) shown on return	Taxpayer's SSN
LINDA D NELSON	**XXX-XX-XXXX**
	Spouse's SSN

Routing Transit Number
031304306

Bank Account Number
6492753

Type of Account:
1 Checking

Amount of Tax Payment
2,621

Requested Payment Date
06-15-2021

Taxpayer's Daytime Phone Number
703-777-7307

Type of Form being filed
1040-ES VOUCHER 2

Taxpayer's Signature	Date
Spouse's Signature	Date

Form PMT — ACH Payment — 2020

(Keep for your records)

Name(s) shown on return	Taxpayer's SSN
LINDA D NELSON	**XXX-XX-XXXX**
	Spouse's SSN

Routing Transit Number
031304306

Bank Account Number
6492753

Type of Account:
1 Checking

Amount of Tax Payment
2,000

Requested Payment Date
09-15-2021

Taxpayer's Daytime Phone Number
703-777-7307

Type of Form being filed
1040-ES VOUCHER 3

Taxpayer's Signature	Date
Spouse's Signature	Date

Form PMT — ACH Payment — 2020

(Keep for your records)

Name(s) shown on return	Taxpayer's SSN
LINDA D NELSON	**XXX-XX-XXXX**
	Spouse's SSN

Routing Transit Number
031304306

Bank Account Number
6492753

Type of Account:
1 Checking

Amount of Tax Payment
2,000

Requested Payment Date
01-18-2022

Taxpayer's Daytime Phone Number
703-777-7307

Type of Form being filed
1040-ES VOUCHER 4

Taxpayer's Signature	Date
Spouse's Signature	Date

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► **ERO must obtain and retain completed Form 8879.**
► **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074
2020

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
LINDA D NELSON	XXX-XX-XXXX
Spouse's name	Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	116,848
2	Total tax	2	16,749
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	9,128
4	Amount you want refunded to you	4	
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **TaxPros** (ERO firm name) to enter or generate my PIN **05624** (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **XXXXXX-10159** (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ► **G WILLIAM JORDAN** Date ► _____

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Name(s) as shown on return	Your Social Security Number
LINDA D NELSON	XXX-XX-XXXX

PREMIUMS WITHHELD

DESCRIPTION	AMOUNT
PART B	$ 1,735
TOTAL:	**$ 1,735**

Summary of Estimates

2021

Name(s) as shown on return

Your SSN/EIN

LINDA D NELSON

XXX-XX-XXXX

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-15-2021	06-15-2021	09-15-2021	01-18-2022	Total
Total Installment Amount	1,379	2,621	2,000	2,000	8,000
Overpayment Applied	1,379	0	0	0	1,379
Net Installment Due		2,621	2,000	2,000	6,621

Taxpayer Records

Amount Actually Paid					
Date Paid					
Check #/Confirmation		Direct Debit	Direct Debit	Direct Debit	

1040 | Interest Listing | 2020

NAME(S) AS SHOWN ON RETURN

LINDA D NELSON

SSN

XXX-XX-XXXX

TSJ	Name of Payer	Res ST	Interest Income	Penalty for Early Withdrawal	United States Government Interest	Exempt from federal tax: Resident State State Interest	Exempt from federal tax: Other State State Interest	Nominee Interest	Accrued Interest	Other Tax-Exempt Interest	Federal Tax Withheld
T	CHARLES SCHWAB ACCT ***1055	PA	11,811			4,548					
T	CHARLES SCHWAB ACCT ***1574	PA									
T	CHARLES SCHWAB ACCT ***1055	PA									
	TOTALS		11,811			4,548					

1099-R Detail Listing

(Keep for your records)

2020

Name(s) as shown on return

LINDA D NELSON

Tax ID Number

XXX-XX-XXXX

T/S	Payer Name	FEDERAL Gross	FEDERAL Taxable	Distribution Code	Federal W/H	State Code	STATE Taxable	STATE State W/H
T	CHARLES SCHWAB	78,040	57,255	7	8,588	PA		2,863
T	CHARLES SCHWAB	3,603	3,603	4	540	PA		180
	Total	81,643	60,858		9,128			3,043
	Taxpayer IRA/SEP Total	81,643	60,858		9,128			3,043

Worksheet 1
Forms 1040

Social Security Benefits Worksheet
Figuring Your Taxable Benefits

(Keep for your records)

2020

Name(s) as shown on return: **LINDA D NELSON**

Tax ID Number: **XXX-XX-XXXX**

Before you begin:

- If you are married filing separately and you **lived apart** from your spouse for all of 2020, enter "D" to the right of the word "benefits" on Form 1040 or 1040-SR, line 6a.
- Don't use this worksheet if you repaid benefits in 2020 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2020 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2020. For more information, see *Repayments More Than Gross Benefits*.
- If you are filing Form 8815, Exclusion of Interest From Series EE and I U.S. Savings Bonds Issued After 1989, don't include the amount from line 2b of Form 1040 or 1040-SR on line 3 of this worksheet. Instead, include the amount from Schedule B (Form 1040 or 1040-SR), line 2.

1.	Enter the total amount from **box 5** of **ALL** your **Forms SSA-1099** and **RRB-1099**. Also, enter this amount on Form 1040 or 1040-SR, line 6a	**1.** 30,667	
2.	Multiply line 1 by 50% (0.50)	**2.**	15,334
3.	• If you are not excluding unemployment compensation from income, combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 7, and 8. • If you are excluding unemployment compensation from income, combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 7, Schedule 1, lines 1 through 7, and line 3 of the Unemployment Compensation Exclusion Worksheet	**3.**	90,781
4.	Enter the amount, if any, from Form 1040 or 1040-SR, line 2a	**4.**	4,548
5.	Enter the total of any exclusions/adjustments for: • Adoption benefits (Form 8839, line 28), • Foreign earned income or housing (Form 2555, lines 45 and 50), and • Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico	**5.**	
6.	Combine lines 2, 3, 4, and 5	**6.**	110,663
7.	Enter the amounts from Form 1040 or 1040-SR, line 10b, Schedule 1, lines 10 through 19, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 22	**7.**	
8.	Is the amount on line 7 less than the amount on line 6? **No.** **STOP** None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. **X** **Yes.** Subtract line 7 from line 6	**8.**	110,663
9.	If you are: • Married filing jointly, enter $32,000 • Single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2020, enter $25,000	**9.**	25,000
	Note. If you are married filing separately and you lived with your spouse at any time in 2020, skip lines 9 through 16; multiply line 8 by 85% (0.85) and enter the result on line 17. Then, go to line 18.		
10.	Is the amount on line 9 less than the amount on line 8? **No.** **STOP** None of your benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you **lived apart** from your spouse for all of 2020, be sure you entered "D" to the right of the word "benefits" on line 6a. **X** **Yes.** Subtract line 9 from line 8	**10.**	85,663
11.	Enter $12,000 if married filing jointly; $9,000 if single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2020	**11.**	9,000
12.	Subtract line 11 from line 10. If zero or less, enter -0-	**12.**	76,663
13.	Enter the **smaller** of line 10 or line 11	**13.**	9,000
14.	Multiply line 13 by 50% (0.50)	**14.**	4,500
15.	Enter the **smaller** of line 2 or line 14	**15.**	4,500
16.	Multiply line 12 by 85% (0.85). If line 12 is zero, enter -0-	**16.**	65,164
17.	Add lines 15 and 16	**17.**	69,664
18.	Multiply line 1 by 85% (0.85)	**18.**	26,067
19.	**Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also enter this amount on Form 1040 or 1040-SR, line 6b	**19.**	26,067

TIP *If you received a lump-sum payment in 2020 that was for an earlier year, also complete Worksheet 2 or 3 and Worksheet 4 to see if you can report a lower taxable benefit.*

Computation of Regular Tax

(Keep for your records)

2020

Name(s) as shown on return

LINDA D NELSON

Tax ID Number

XXX-XX-XXXX

STATEMENT FOR LINE 16 OF FORM 1040

TAX RATE SCHEDULE FOR SINGLE FILING STATUS

IF TAXABLE INCOME IS OVER	**BUT NOT OVER**	**PAY**	**PLUS**	**% ON EXCESS**	**OF THE AMOUNT OVER**
0	9,875	0.00		10%	0
9,875	40,125	987.50		12%	9,875
40,125	85,525	4,617.50		22%	40,125
85,525	**163,300**	**14,605.50**		**24%**	**85,525**
163,300	207,350	33,271.50		32%	163,300
207,350	518,400	47,367.50		35%	207,350
518,400	. . . . .	156,235.00		37%	518,400

$14,605.50 + (($102,749.00 - $85,525.00) x 24.0%) = $18,739

TAX FROM TAX RATE SCHEDULE	$ 18,739
TAX FROM QUALIFIED DIVIDENDS/CAPITAL GAIN WORKSHEET	$ 16,943

$ 16,943 TAX COMPUTED USING THE MOST ADVANTAGEOUS METHOD ALLOWED

Qualified Dividends and Capital Gain Tax Worksheet - Line 16 (Form 1040)

(Keep for your records)

2020

Name(s) as shown on return: **LINDA D NELSON**

Tax ID Number: **XXX-XX-XXXX**

Before you begin:

- See the earlier instructions for line 16 to see if you can use this worksheet to figure your tax.
- Before completing this worksheet, complete Form 1040 or 1040-SR through line 15.
- If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on Form 1040 or 1040-SR, line 7.

1.	Enter the amount from Form 1040 or 1040-SR, line 15. However, if you are filing Form 2555 (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.	102,749
2.	Enter the amount from Form 1040 or 1040-SR, line 3a*	2.	20,784
3.	Are you filing Schedule D?* [X] **Yes.** Enter the **smaller** of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. [ ] **No.** Enter the amount from Form 1040 or 1040-SR, line 7.	3.	
4.	Add lines 2 and 3	4.	20,784
5.	Subtract line 4 from line 1. If zero or less, enter -0-	5.	81,965
6.	Enter: $40,000 if single or married filing separately, $80,000 if married filing jointly or qualifying widow(er), $53,600 if head of household.	6.	40,000
7.	Enter the smaller of line 1 or line 6	7.	40,000
8.	Enter the smaller of line 5 or line 7	8.	40,000
9.	Subtract line 8 from line 7. This amount is taxed at 0%	9.	
10.	Enter the smaller of line 1 or line 4	10.	20,784
11.	Enter the amount from line 9	11.	
12.	Subtract line 11 from line 10	12.	20,784
13.	Enter: $441,450 if single, $248,300 if married filing separately, $496,600 if married filing jointly or qualifying widow(er), $469,050 if head of household.	13.	441,450
14.	Enter the smaller of line 1 or line 13	14.	102,749
15.	Add lines 5 and 9	15.	81,965
16.	Subtract line 15 from line 14. If zero or less, enter -0-	16.	20,784
17.	Enter the smaller of line 12 or line 16	17.	20,784
18.	Multiply line 17 by 15% (0.15)	18.	3,118
19.	Add lines 9 and 17	19.	20,784
20.	Subtract line 19 from line 10	20.	
21.	Multiply line 20 by 20% (0.20)	21.	
22.	Figure the tax on the amount on line 5. If the amount on line 5 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 5 is $100,000 or more, use the Tax Computation Worksheet	22.	13,825
23.	Add lines 18, 21, and 22	23.	16,943
24.	Figure the tax on the amount on line 1. If the amount on line 1 is less than $100,000, use the Tax Table to figure the tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet	24.	18,739
25.	**Tax on all taxable income.** Enter the **smaller** of line 23 or 24. Also include this amount on the entry space on Form 1040 or 1040-SR, line 16. If you are filing Form 2555, don't enter this amount on the entry space on Form 1040 or 1040-SR, line 16. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	25.	16,943

** If you are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.*

Form 1040 or 1040-SR	Investment Income for the Earned Income Credit (Keep for your records)	2020

Name(s) as shown on return: **LINDA D NELSON**

Tax ID Number: **XXX-XX-XXXX**

Interest and Dividends

1.	Enter any amount from Form 1040 or 1040-SR, line 2b	1.	11,865
2.	Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b	2.	4,548
3.	Enter any amount from Form 1040 or 1040-SR, line 3b	3.	21,058
4.	Enter the amount from Schedule 1 (Form 1040), line 8, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.)	4.	

Capital Gain Net Income

5.	Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0-	5.	
6.	Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.)	6.	
7.	Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.)	7.	

Royalties and Rental Income From Personal Property

8.	Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8. Subtract any expenses from Schedule E, line 20 related to royalty income, and any expenses from the rental of personal property deducted on Schedule 1, line 22. (If the result is less than zero, enter -0-)	8.	

Passive Activities

9.	Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-.)	9.	0
10.	Adjustment from EIC screen	10.	
11.	Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your Investment Income**	11.	37,471

12. Is the amount on line 11 more than **$3,650?**

- [X] **Yes.** You can't take the credit.
- [ ] **No.** Go to *Step 3* of the Form 1040 and 1040-SR instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to *Rule 7*, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

1040 **Overflow Statement** **2020**

Name(s) as shown on return	Your Social Security Number
LINDA D NELSON	XXX-XX-XXXX

SCHEDULE A, LINE 5A - STATE AND LOCAL INCOME TAXES

DESCRIPTION	AMOUNT
FORM 1099-R - CHARLES SCHWAB & CO INC	$ 2,863
FORM 1099-R - CHARLES SCHWAB ***3096	180
FROM ESTIMATED TAX PAYMENTS	600
ADJUSTING ENTRY ON SCHEDULE A - LINE 5A	627
TOTAL:	$ 4,270

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

► **Attach to your tax return.**

► **Go to *www.irs.gov/Form8995* for instructions and the latest information.**

OMB No. 1545-2294

2020

Attachment Sequence No. **55**

Name(s) shown on return

LINDA D NELSON

Your taxpayer identification number

XXX-XX-XXXX

Note. *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $163,300 ($326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	0		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	243		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	243		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	49
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	49
11	Taxable income before qualified business income deduction	11	102,798		
12	Net capital gain (see instructions)	12	20,784		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	82,014		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	16,403
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►			15	49
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8995** (2020)

EEA

Amount from Form 1040, line 11..... 116,848
Amount from Form 1040, line 12..... 14,050

Line 11 above is the difference between these amounts..... 102,798

Capital Loss Carryover Worksheet to 2021

Schedule D (Keep for your records) **2020**

Name(s) as shown on return | Tax ID Number

LINDA D NELSON | **XXX-XX-XXXX**

1.	Enter the amount from your 2020 Form 1040 or 1040-SR, line 15, or your 2020 Form 1040-NR, line 15. If the amount would have been a loss if you could enter a negative number on that line, enclose this amount in parentheses		**1.**	**102,749**
2.	Enter the loss from your 2020 Schedule D, line 21, as a positive amount		**2.**	**3,000**
3.	Combine lines 1 and 2. If zero or less, enter -0-		**3.**	**105,749**
4.	Enter the **smaller** of line 2 or line 3	**4.** **3,000**		
	If line 7 of your 2020 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.			
5.	Enter the loss from your 2020 Schedule D, line 7, as a positive amount		**5.**	
6.	Enter any gain from your 2020 Schedule D, line 15. If a loss, enter -0-	**6.** **0**		
7.	Add lines 4 and 6		**7.**	
8.	**Short-term capital loss carryover to 2021.** Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 6		**8.**	
	If line 15 of your 2020 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.			
9.	Enter the loss from your 2020 Schedule D, line 15, as a positive amount		**9.**	**25,426**
10.	Enter any gain from your 2020 Schedule D, line 7. If a loss, enter -0-	**10.** **557**		
11.	Subtract line 5 from line 4. If zero or less, enter -0-	**11.** **3,000**		
12.	Add lines 10 and 11		**12.**	**3,557**
13.	**Long-term capital loss carryover to 2021.** Subtract line 12 from line 9. If zero or less, enter -0-		**13.**	**21,869**

TAX RETURN COMPARISON
2018 / 2019 / 2020

2020

Name(s) as shown on return: **LINDA D NELSON**

Identifying number: **XXX-XX-XXXX**

	2018	2019	2020	Difference 2019-2020
Filing Status	Married Joint	Single	Single	
Number of Dependents				
Income				
Wages, salaries, tips, etc.				
Taxable interest and dividends	21,913	31,112	32,923	1,811
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)	(3,000)	18,204	(3,000)	(21,204)
Pensions and IRA distributions	9,678	38,170	60,858	22,688
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)	11,309	(1,404)		1,404
Farm income (loss)				
Unemployment compensation				
Total SS benefits received	42,504	30,186	30,667	481
Taxable SS benefits	36,078	25,658	26,067	409
Other income (loss)	14,000			
Total Income	89,978	111,740	116,848	5,108
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	89,978	111,740	116,848	5,108
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions	26,600	13,850	14,050	200
Total Itemized or Standard Ded	26,600	13,850	14,050	200
Qualified Business Income Deduction	2,308	92	49	(43)
Tax and Credits				
Taxable Income	61,070	97,798	102,749	4,951
Tax	5,184	14,655	16,943	2,288
Credits	79	185	194	9
Self-employment tax				
Other taxes				
Total Tax	5,105	14,470	16,749	2,279
Payments				
Withholdings	1,452	5,726	9,128	3,402
Estimated tax payments			9,000	9,000
Earned income credit				
Other payments and credits				
Estimated tax penalty				
Overpayment			1,379	1,379
Overpayment Applied			1,379	1,379
Refund				
Balance Due	3,653	8,744		(8,744)
Marginal tax rate	12.00	24.00	24.00	
Effective tax rate	8.00	15.00	16.49	1.49

Account Transaction Summary

2020

Name(s) as shown on return: LINDA D NELSON

Your ID Number: XXX-XX-XXXX

Account #1

Financial Institution	FM TRUST
Routing Transit Number	031304306
Account Number	6492753
Account Type	checking

Federal Estimates		
2nd Qtr Federal ES Tax	(2,621)	**Date of Debit** 06-15-2021
3rd Qtr Federal ES Tax	(2,000)	**Date of Debit** 09-15-2021
4th Qtr Federal ES Tax	(2,000)	**Date of Debit** 01-18-2022
State Main Form(s)		
PA Deposit	2,832	
Net Debit	**(3,789)**	

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize TaxPros to use this account.

Your Signature	Date	Spouse's Signature (If Married Filing Jointly)	Date

2020 PA40 Filing Instructions
LINDA D NELSON

Form filed:

PA40 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

05-17-2021

Refund:

$2,832.00

Transaction method:

The refund will be directly deposited into your checking account at Fm Trust ending in 2753.

2000117180

PA-40 - 2020
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

XXXXXXXXX

NELSON

LINDA D Occupation RETIRED

Occupation

104 WINDMILL LANE

CHAMBERSBURG PA 17201

USA 703-608-8544 99999

N Extension. N Amended Return.

R Residency Status.
PA **R**esident/**N**onresident/**P**art-Year Resident
from to

S **S**ingle, Married/Filing **J**ointly,
Married/Filing Separately, **F**inal Return

N **D**eceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name PART YR/NR

1a	Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.	1a	0
1b	Unreimbursed Employee Business Expenses.	1b	0
1c	Net Compensation. Subtract Line 1b from Line 1a.	1c	0
2	Interest Income. Complete **PA Schedule A** if required.	2	11865
3	Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.	3	21058
4	Net Income or Loss from the Operation of a Business, Profession or Farm.	4	0
5	Net Gain or Loss from the Sale, Exchange or Disposition of Property.	5	-24911
6	Net Income or Loss from Rents, Royalties, Patents or Copyrights.	6	0
7	Estate or Trust Income. Complete and submit **PA Schedule J.**	7	0
8	Gambling and Lottery Winnings. Complete and submit **PA Schedule T.**	8	0
9	**Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.	9	32923
10	**Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information. N	10	0
11	**Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.	11	32923

2000117180

EC OFFICIAL USE ONLY FC

PA-40 - 2020

Social Security Number

XXXXXXXXX Name(s) LINDA D NELSON

12	**PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).**	12	1011
13	Total PA Tax Withheld. See the instructions.	13	3043
14	Credit from your 2019 PA Income Tax return.	14	0
15	2020 Estimated Installment Payments. REV-459B included. N	15	800
16	2020 Extension Payment.	16	0
17	Nonresident Tax Withheld from your **PA Schedule(s) NRK-1.** (Nonresidents only)	17	0
18	**Total Estimated Payments and Credits.** Add Lines 14, 15, 16 and 17.	18	800
	Tax Forgiveness Credit. Submit PA Schedule SP.		
19a	Filing Status: **01 Unmarried or Separated 02 Married 03 Deceased**	19a	00
19b	Dependents, Section II, Line 2, **PA Schedule SP**	19b	00
20	Total Eligibility Income from Section III, Line 11, **PA Schedule SP.**	20	0
21	**Tax Forgiveness Credit** from Section IV, Line 16, **PA Schedule SP.**	21	0
22	Resident Credit. Submit your **PA Schedule(s) G-L** and/or **RK-1.**	22	0
23	Total Other Credits. Submit your **PA Schedule OC.**	23	0
24	**TOTAL PAYMENTS and CREDITS.** Add Lines 13, 18, 21, 22 and 23.	24	3843
25	**USE TAX.** Due on internet, mail order or out-of-state purchases. See instructions.	25	0
26	**TAX DUE.** If the total of Line 12 and Line 25 is more than Line 24, enter the difference here.	26	0
27	Penalties and Interest. See the instructions. Enter Code:	27	0
	If including form REV-1630/REV-1630A, mark the box. N		
28	**TOTAL PAYMENT DUE.** See the instructions.	28	0
29	**OVERPAYMENT.** If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	29	2832
	The total of Lines 30 through 36 must equal Line 29.		
30	**Refund -** Amount of Line 29 you want as a check mailed to you. **REFUND**	30	2832
31	**Credit -** Amount of Line 29 you want as a credit to your 2021 estimated account.	31	0
32	Refund donation line. Enter the organization code and donation amount. See instructions.	32	0
33	Refund donation line. Enter the organization code and donation amount. See instructions.	33	0
34	Refund donation line. Enter the organization code and donation amount. See instructions.	34	0
35	Refund donation line. Enter the organization code and donation amount. See instructions.	35	0
36	Refund donation line. Enter the organization code and donation amount. See instructions.	36	0

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number	Date

E-File Opt Out

Firm FEIN 273919779

Preparer's PTIN XXXXXXXXX

2000217196

2000217196

2001210026

PA SCHEDULE A

Interest Income

PA-40 A 06-20 (I)
PA Department of Revenue

2020

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly)	Social Security Number (shown first)
LINDA D NELSON	XXX-XX-XXXX

CAUTION: Federal and PA rules for taxable interest income are different. **Read the instructions.**

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Check the box to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

Taxpayer [X] **Spouse** [ ] **Joint** [ ]

1. Interest income reported on your federal return. **See instructions.**	1.	$ 11,865
2. Tax-exempt interest income included in Line 2a of your federal return.	2.	$ 4,548
3. Other addition adjustments. **See instructions.** Description:	3.	$
4. Add Lines 1, 2 and 3.	4.	$ 16,413
5. Interest income from federal Schedule(s) K-1. **See instructions.**	5.	$
6. Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities.	6.	$ 4,548
7. Interest income from direct obligations of the U.S. government.	7.	$
8. Other reduction adjustments. **See instructions.** Description:	8.	$
9. Add Lines 5, 6, 7 and 8.	9.	$ 4,548
10. Subtract Line 9 from Line 4.	10.	$ 11,865
11. Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income.	11.	$
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	$
13. Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes.	13.	$
14. Distributions from Health/Medical Savings Accounts included in federal taxable income.	14.	$
15. Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	15.	$
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	$ 11,865

2001210026

2001210026

2001310024

PA SCHEDULE D

Sale, Exchange or Disposition of Property

PA-40 D (EX) 06-20 (I)
PA Department of Revenue

2020

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule	Social Security Number (shown first)
LINDA D NELSON	XXX-XX-XXXX

Taxpayer [X] **Spouse** [ ] **Joint** [ ]

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Check the box to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, check the box next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, check the box).
125000 UNITED TECH 1 95	07122019	03042020	25362	24847	[ ] 515
10000 ATT 2 45	VARIOUS	05302020	10000	9859	[ ] 141
620 BORG WARNER	VARIOUS	04242020	16736	27175	[X] -10439
100 CINEMARK HOLDINGS	VARIOUS	04242020	1248	3703	[X] -2455
5000 DOW CHEM 3 5 CALLE	VARIOUS	03162020	5000	5036	[X] -36
16000 LK MTN 2 5XXX	VARIOUS	06162020	16123	15682	[ ] 441
9000 LK MTN 2 5XXX	12272018	10232020	9000	8841	[ ] 159
25000 U HLTH 1 95XXX	07122019	10152020	25000	24944	[ ] 56
450 VIAC	VARIOUS	04242020	6977	20270	[X] -13293
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]

2. Net gain (loss) from above sales	LOSS [X]	2.	-24911
3. Gain from installment sales from PA Schedule D-1		3.	
4. Taxable distributions from C corporations . . . . . Enter total distribution			
. . . . . Minus adjusted basis	=	4.	
5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71	LOSS [ ]	5.	
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1	LOSS [ ]	6.	

Taxable gain from selling a principal residence. Complete and submit **PA Schedule 19.** Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of residence	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)

7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1	7.	
8. Taxable distributions from partnerships from REV-999	8.	
9. Taxable distributions from PA S corporations from REV-998	9.	
10. Taxable gain from exchange of insurance contracts	10.	
11. **Total PA Taxable Gain (Loss).** Add Lines 2 thru 10. Enter on Line 5 of your PA-40. (If a net loss, check box) LOSS [X]	11.	-24911

2001310024

2001310024

PAALN6	PA-40 Schedule A line 6 (PA Commonwealth or Municipal Interest) Attachment	2020

Names as shown on return
LINDA D NELSON

Your Social Security Number
XXX-XX-XXXX

Description	Amount
CHARLES SCHWAB ACCT ***1055	4,548
TOTAL	4,548

PARECON5	**Worksheet for PA Reconciliation** PA 40 line 5 - (Net Gain/Loss from the Sale, Exchange or Disposition of Property)	

Name(s): LINDA D NELSON

Social Security Number: XXX-XX-XXXX

PA 40 LINE 5 - PA SCHEDULE D

ACTIVITY	TAXPAYER	SPOUSE	Carries to PA 40
PAD (TAXPAYER):	-24,911	0	0
	-24,911	0	0

NOTE:

By Law, Taxpayer and Spouse Income and Loss CANNOT be netted against each other.

pennsylvania
DEPARTMENT OF REVENUE

PA-8879 (EX) 06-20

Pennsylvania *e-file* Signature Authorization

2020

Declaration Control Number/Submission ID

Primary Taxpayer's Name	Social Security Number
LINDA D NELSON	XXX-XX-XXXX
Secondary Taxpayer's Name	Social Security Number

SECTION I — TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2020 (whole dollars only)

1.	Adjusted PA Taxable Income (Form PA-40, Line 11)	32923
2.	PA Tax Liability (Form PA-40, Line 12)	1011
3.	Total PA Tax Withheld (Form PA-40, Line 13)	3043
4.	Refund (Form PA-40, Line 30)	2832
5.	Total Payment (Tax Due) (Form PA-40, Line 28)	

SECTION II — DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2020 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (check one box only)

☒ I authorize TAXPROS to enter my PIN 05624 as my signature on my tax year 2020 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature _____ **Date** _____

Secondary Taxpayer's PIN: (check one box only)

☐ I authorize _____ to enter my PIN _____ as my signature on my tax year 2020 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return.

Signature _____ **Date** _____

Practitioner PIN Program Participants Only - Continue Below

SECTION III — CERTIFICATION AND AUTHENTICATION

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN XXXXXX 10159

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2020 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ **Date** _____

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE

PAWK_REF	2020 Taxable State / Local Refund Carries to Federal worksheet WK_REF20 to determine total Taxable Refunds	2020

Name(s) as shown on return: LINDA D NELSON

Your Social Security Number: XXX-XX-XXXX

A. State / Local Refund

A1.	Bottom line on return, after state adjustments	2,832		
A2.	Adjustments to Line A1			
A3.	Total Adjusted State/Local Refund (Line A1 Less A2)		**A.**	2,832

B. **Applied amounts**

B1.	Total Contributions, Donation, Checkoffs (Will carry to 2021 Sch A)			
B2.	Penalty and/or interest			
B3.	Overpayment applied to 2021 (Will carry to 2021 ES screen)			
B4.	Other Tax (Use tax, Property tax,Tangible tax, etc)			
B5.	Total applied amounts (Total of B1 thru B4)		**B.**	

C. **Subtotal:** State / Local Refund plus Applied amounts (Line A plus line B) **C.** 2,832

D. **Payments**

D1.	Tax withheld/2020 payments deducted on Schedule A	3,643		
D2.	4th quarter estimate and extension paid in 2021	200		
D3.	Total payments applied to 2020 State / Local tax return (Total of D1 thru D2)		**D.**	3,843

E. **Allocation of Payments**

E1.	Percent of payments made in 2020 (D1 divided by D3)	0.9480		
E2.	Line C multiplied by line E1	2,685		
E3.	Percent of payments made in 2021 (D2 divided by D3)	0.0520		
E4.	Line C multiplied by line E3	147		

F. **Potential Taxable State / Local Refund (Lesser of E2 or D1, BUT NOT LESS THAN ZERO)** **F.** 2,685

G. **Taxes paid in 2021 deductible on 2021 Schedule A**

G1.	4th quarter estimate and extension paid in 2021 (From line D2)	200		
G2.	Balance of refund that did not carry to the 1040, line 10 (From line E4)	147		
G3.	Adjusted taxes paid in 2021 allowed to carry to 2021 Sch A (Line G1 less line G2)		**G.**	53

Subject to tax benefit rules

PAWK_A5	State / Local tax payments made after 12/31/2020 that will be deductible on 2021 Federal Schedule A	2020

Name(s) as shown on return: LINDA D NELSON

Your Social Security Number: XXX-XX-XXXX

A. 2020 Income taxes due that were paid after 12/31/2020

A1.	4th quarter estimate/extension (may be adj. by refund)	53	**See**	**WK_REF Line G3**
A2.	Amount paid with return			
A3.	Total payments made in 2021		**A.**	53

B. Adjustments made to payments

B1.	Interest & Penalty			
B2.	Contributions, Donations, Checkoffs			
B3.	Other Tax payments (Use Tax, property tax, tangible tax, etc)			
B4.	Total adjustments		**B.**	

C. Total tax payments potentially deductible in 2021 (Line A less line B) . . . . . **C.** 53

PA-COMP	Three-year State Tax Return Comparison	2020

Name(s) as shown on return
LINDA D NELSON

Taxpayer ID Number
XXX-XX-XXXX

[State] Income Tax Return	2018	2019	2020	Difference 2019-2020
Filing Status		S	S	
Gross Income		82,608	32,923	(49,685)
Standard Deduction				
Itemized Deduction				
Deductions				
Taxable Income		82,608	32,923	(49,685)
Actual State Income		82,608	32,923	(49,685)
State Income Tax		2,536	1,011	(1,525)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld		1,909	3,043	1,134
Estimates and Extension payments			800	800
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund			2,832	2,832
Balance Due		627		(627)
Marginal tax rate		3.070000	3.070000	
Effective tax rate		3.070000	3.070000	